

Office of Health Care Quality

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>02AL0260</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/05/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>OAK LODGE SENIOR HOME II</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>7755-A OUTING AVENUE PASADENA, MD 21122</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
E 000	Initial Comments  On February 5, 2014 an inspection of care survey was conducted by representatives of the Office of Health Care Quality to determine whether the immediate health and safety needs of the residents are being met and to determine compliance with COMAR 10.07.14, Assisted Living Program Regulations.  Survey activities included a review of selected administrative, staff, and resident files, interview with staff and residents, observations, and a tour of the facility.  The facility census at the time of the survey was 13 residents.	E 000		
E2600	.19 B6,7 .19 Other Staff--Qualifications  (6) Receive initial and annual training in: (a) Fire and life safety, including the use of fire extinguishers; (b) Infection control, including standard precautions, contact precautions, and hand hygiene; (c) Basic food safety; (d) Emergency disaster plans; and (e) Basic first aid by a certified first aid instructor; (7) Have training or experience in: (a) The health and psychosocial needs of the population being served as appropriate to their job responsibilities; (b) The resident assessment process; (c) The use of service plans; and (d) Resident's rights; and  This REQUIREMENT is not met as evidenced by: Based on staff record review and staff interview,	E2600		

OHCQ  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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E2600	Continued From page 1  the facility failed to provide documentation of required staff training.  Findings include: Staff record review and interview of the Assisted Living Manager (ALM) failed to reveal evidence of Staff #1's current certification in basic first aid.	E2600		
E2780	.20 C .20 Delegating Nurse  C. Duties. The delegating nurse shall: (1) Be on-site to observe each resident at least every 45 days; (2) Be available on call as required under this chapter or have a qualified alternate delegating nurse available on call; and (3) Have the overall responsibility for: (a) Managing the clinical oversight of resident care in the assisted living program; (b) Issuing nursing or clinical orders, based upon the needs of residents; (c) Reviewing the assisted living manager's assessment of residents; (d) Appropriate delegation of nursing tasks; and (e) Notifying the OHCQ: (i) If the delegating nurse's contract or employment with the assisted living program is terminated; and (ii) Of the reason why the contract or employment was terminated.  This REQUIREMENT is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure the Delegating Nurse (DN) was onsite to observe each resident at least every 45 days and appropriately delegated nursing tasks.	E2780		

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E2780	Continued From page 2  Findings include: OBSERVATION EVERY 45 DAYS Resident record review failed to reveal evidence of: 1) Resident #2 being assessed between 5-8-13 and 7-13-13; and 2) Resident #3 being assessed between 5-17-13 and 7-13-13. During interview the ALM stated that the gap was related to a change of staff in the DN position.  DELEGATION Nursing tasks can not be delegated until the DN has assessed the resident. Resident record review and interview of the ALM revealed: 1) Resident #1's initial DN assessment was dated 11-6-13 (2 days after admission); and 2) Resident #2's initial DN assessment was dated 5-8-13 (2 days after admission).	E2780		
E3330	.26 B1,2 .26 Service Plan  B. Assessment of Condition. (1) The resident's service plan shall be based on assessments of the resident's health, function, and psychosocial status using the Resident Assessment Tool. (2) A full assessment of the resident shall be completed: (a) Within 48 hours but not later than required by nursing practice and the patient's condition after: (i) A significant change of condition; and (ii) Each nonroutine hospitalization; and (b) At least annually.  This REQUIREMENT is not met as evidenced by: Based on resident record review and staff	E3330		

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E3330	Continued From page 3  interview, the facility failed to ensure full resident assessments were completed at least annually. A full resident assessment is completed on the Resident Assessment Tool (RAT) which consists of the Health Care Practitioner's Physical Assessment, Manager's Assessment, and Level of Care Scoring Tool.  Findings include: Resident record review and interview of the ALM failed to reveal a RAT completed since 10-3-12 for Resident #3.	E3330		
E3360	.26 C1 .26 Service Plan  C. The assisted living manager, or designee, shall ensure that: (1) A written service plan or other documentation sufficiently recorded in the resident's record is developed by staff, which at a minimum addresses: (a) The services to be provided to the resident, which are based on the assessment of the resident; (b) When and how often the services are to be provided; and (c) How and by whom the services are to be provided;  This REQUIREMENT is not met as evidenced by: Based on resident record review and staff interview, the facility failed to ensure service plans address services to be provided based on resident assessments.  Findings include: Resident record review and interview of the ALM revealed the service plans for Residents #1, #2,	E3360		

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E3360	Continued From page 4  and #3 failed to address services to be provided based on the residents' assessments.	E3360		
E3380	.26 C3 .26 Service Plan  (3) The service plan is reviewed by staff at least every 6 months, and updated, if needed, unless a resident's condition or preferences significantly change, in which case the assisted living manager or designee shall review and update the service plan sooner to respond to these changes.  This REQUIREMENT is not met as evidenced by: Based on resident record review, the facility failed to document review of service plans at least every 6 months.  Findings include: Resident record review revealed Resident #2's service plan was most recently reviewed on 5-30-13 (greater than 6 months ago).	E3380		
E3680	.29 M .29 Medication Management and Administration  M. Medications and treatments shall be administered consistent with current signed medical orders and using professional standards of practice.  This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to ensure medications were administered using professional standards of practice.  Findings include:	E3680		

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E3680	Continued From page 5  Review of Resident #3's medications revealed a container of acetaminophen which expired in July 2013 and a container of desonide cream which expired on 11-14-13.	E3680		